



02-17-05

15W 3727 #

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**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	10/063,476
Filing Date	April 26, 2002
First Named Inventor	Matthew Kroeze
Art Unit	3727
Examiner Name	Tri M. Mai
Attorney Docket No.	110187.404

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Application Data Sheet</u>
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Lorraine Linford		
Date	February 16, 2005	Reg. No.	35,939

**CERTIFICATE OF TRANSMISSION/MAILING**

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